GO SOLO GOALS

- Choose one or more of the following goals. Use the suggestions as guidelines, but you may choose to develop your own individual goals. More ideas can be found in the program's Educational Materials.
- Choose no more than you can realistically accomplish in the 3 weeks of the program.
- Plan to add additional goals throughout the year as your successes help create a healthier eating environment at work.
- When finished, fax this completed form to the Wellness Center at 665-6140. No cover sheet is necessary.
- At the program's conclusion, you will submit this same form with a brief description of "What I Did."

A goal should be big enough to matter, and small enough to achieve during March!		
My Name:	Z#:	Phone #:

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I pla	n to:
-	
	at something within 2-3 hours of waking for at
	east days/week. (This goal may be a
	ood one if you typically skip breakfast.)
	ring lunch from home at least
	ays/week. (This goal may be a good one if
	ou often eat out or grab fast food.)
	o a lunch "make-over" for at least
	ays/week. Examples: Pack more veggies, ubstitute whole grain bread for white bread or
	wheat bread", substitute dried apricots for
	ookies or chips, etc.
	When I do eat out during the work day, I plan to
	nake healthier selections such as
$\Box \overline{A}$	ssemble a "work pantry" for snacks. (This
	oal is a good one if you're often tempted by
	ork snacks or the vending machine.)
	out together or "make over" a work pantry that
	ncludes a variety of healthy snack options.
	his could include both dry goods (whole grain
	rackers, water-packed tuna, dried fruit, etc.)
	nd refrigerated/freezer items where storage ermits.
	will select snacks from my work pantry when
	ne munchies strike, aiming for at least
٠.	times/week.
	Drink more water, tea or healthier options
	nstead of coffee and sodas. I will make
h	ealthier fluid substitutions at least
_	times/week.
	Other goals

What I Did:

(Leave blank until program conclusion)

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